

Using OPEL frameworks to drive system-wide operational improvement

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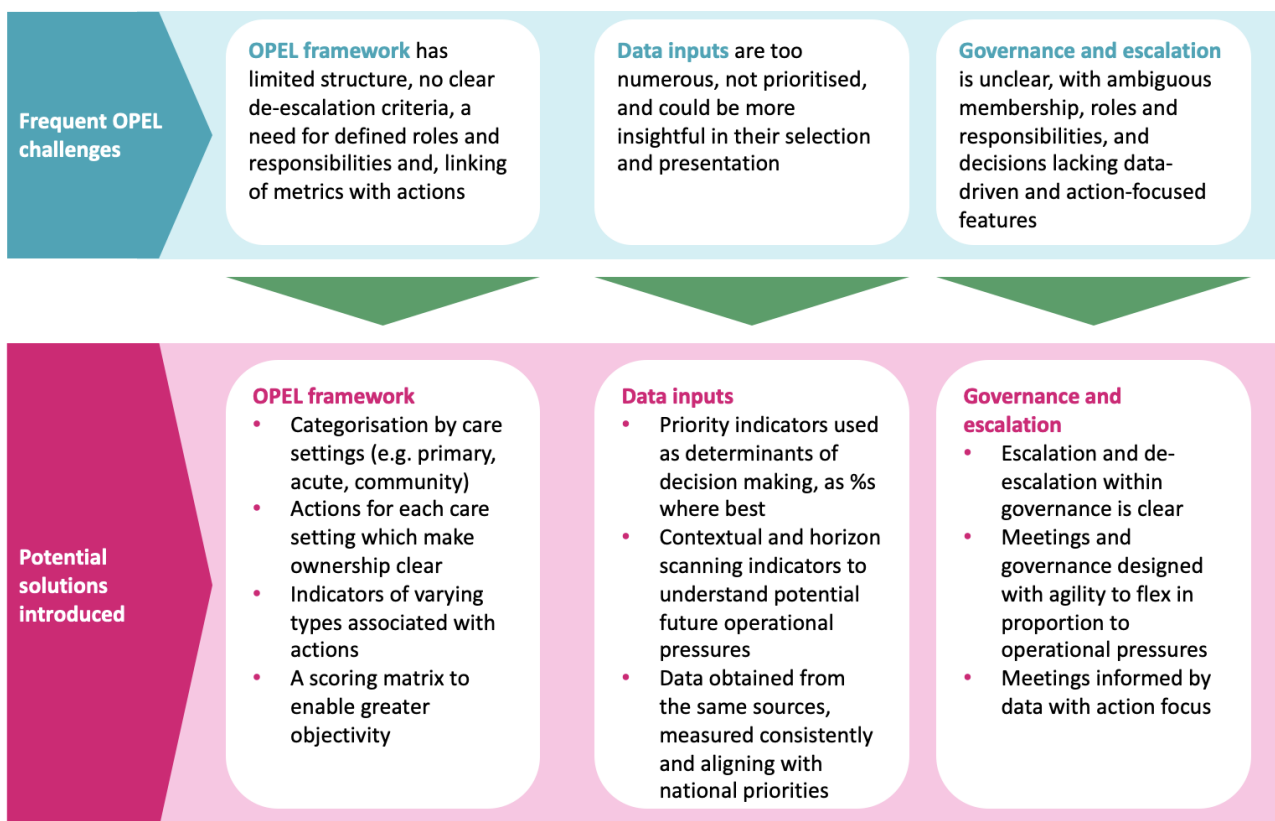
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When used effectively OPEL is an underpinning enabler of operational performance across all levels of the healthcare system

Since their introduction across the healthcare system by NHS England last decade, OPEL frameworks (namely, Operational Pressures Escalation Levels) have become part of the bread and butter of daily operational management for leaders at all levels of health systems – organisationally, at place level, in integrated care systems, regionally and nationally. The frameworks are designed to provide a consistent approach in times of pressure locally and across systems, enabling better regional and national oversight. But in their regular use, it is easy for pitfalls to arise in the ways the OPEL framework is applied and for their impact to therefore subside.

At CF, we have first-hand experience of how the NHS systems’ targeted actions can unlock the power of their OPEL frameworks, giving them the autonomy and ability to drive system-wide operational improvement.

There are three fundamental challenges which can persist with OPEL frameworks in our experience: the framework design; the data inputs; and the governance arrangements. Outlined in the infographic below, we explore these challenges and how to overcome them at place and system levels, in this article.



OPEL framework: what does good look like?

Frameworks should be clearly structured and easy to follow, with categorisation by care settings, specific indicators, and clear actions with ownership. We'll explore these elements below.

Care settings: Categorising the OPEL framework into rows which align with care settings means that OPEL indicators and actions can easily be identified by area of the healthcare system; for example, primary care, ambulance, acute, community, and social care. This ensures all areas of the healthcare system are given clear visibility and equally considered in OPEL arrangements.

Indicators: Indicators embedded within the OPEL framework enable data-driven decision making, supporting leaders who need to have an objective understanding of where operational pressures are greatest across the system and what the drivers of these may be. There are three categories of indicators: priority indicators, which should give a direct insight into operational pressures at present time across the healthcare system; forecast indicators, which should give a longer-term, predictive lens; and contextual indicators, which are designed to give greater insight into the reasons for the priority indicators being at the levels they are. The priority indicators feed into a scoring matrix, which is described later in this article.

Actions: Developing two categories of OPEL actions empowers all system stakeholders to respond to operational pressures irrespective of where in the healthcare system they may be occurring: care setting organisation specific actions where the organisation with the immediate pressure is triggered will undertake actions, and partner organisation actions, which are the actions that organisations from other care settings less affected by operational pressures take to support those system partners facing greater challenges to spread the risk. In addition, all actions should have clear owners, targets for what they are trying to achieve (defined by a KPI/metric), and explicit timeframes of by when they should be achieved.

Alignment between multiple frameworks: In the long term, one benefit of introducing a clear structured OPEL framework at place level within systems (for example, place-based partnerships within ICSs) is that vertical and horizontal alignment can be better achieved. By having a clear framework structure, this standardised design could be introduced and implemented across whole systems, with variations in the frameworks' contents to account for local needs and nuances.

Understanding types of alignment

Vertical alignment refers to how OPEL frameworks at different levels interface with each other, for example how the OPEL framework of a place-based partnership may interface with that of an ICS, and how the OPEL framework of an ICS may interface with that of an NHS England regional team.

Horizontal alignment is about how the frameworks of different organisations at the same level of the system interact with each other, for example this would look like ensuring the OPEL frameworks of multiple place-based partnerships within one ICS are aligned by similarities in their indicators, triggers and actions, to ensure that their OPEL statuses are comparable and their responses are equitable.

Data inputs: quantitative insights must be used to make data-driven decisions which result in clear actions

There are multiple types of quantitative insights, in the form of indicators, which should be built into OPEL frameworks.

Priority indicators: These should give a direct insight into pertinent operational pressures at present time across the healthcare system. For example, for an acute Trust with an Emergency Department, one indicator might be total ambulance handover delays >60 minutes. For each indicator, there should be an agreed lower threshold which would indicate that de-escalation should be considered, an upper threshold at which escalation should be considered, and by virtue a hold range which are the data points between the two thresholds. One particular indicator surpassing its escalation threshold is not in itself a reason to escalate OPEL levels, but instead is an explicit signifier of rising operational pressure for decision makers.

Scoring matrix: Fed by the priority indicators, each indicator is ranked as being either: highest importance, and attributed a score of three; medium importance, and attributed a score of two; or lowest importance, and attributed a score of one. When indicator metric escalation thresholds are triggered, the scores of the triggered indicators are added together to produce an overall score, and vice versa. Then, the total scoring matrix value can be compared to pre-defined scoring matrix thresholds to determine the healthcare system's overall level of operational pressure and whether to (de-)escalate OPEL levels.

Contextual indicators: These are designed to give greater insight into the reasons for the priority indicators being at the levels they are. For example, for one indicator might be the total number of NHS111 calls advising a visit to the GP.

Forecast indicators: These should give a longer-term view of matters which may not be problematic now but could become so in the future. For example, one indicator might be elective waiting list size percentage change compared to the previous month.

NHS England's guidance on System Control Centres (SCCs)

Released in October 2022, this outlines the minimum viable product for SCCs which all ICBs had to meet by 1 December 2022. It should deliver improved situational awareness, holistic and real-time management of capacity and performance, coordinated action and mutual aid, and improved clinical outcomes.

Effectively embedding OPEL indicators and priorities into future SCC development will be important for systems to ensure their control centres are providing the most relevant information to enable effective operational decision making.

Governance and escalation: to support responsive OPEL management

In most healthcare systems, there are often two OPEL management forums – one operational and the other tactical – operating at different levels of the healthcare system:

- Within care provider organisations, an operational meeting of hospital directors, bed managers and specialty leads to identify site-level OPEL status and commence actions
- At multi-organisational or system level, a tactical meeting of COOs to identify system-level OPEL status and commence actions

Within each of these meetings, four core components should be present to ensure effectiveness of OPEL management and decision making:

Meeting rhythm: Meeting rhythm frequency should vary dependent on OPEL status (i.e. higher OPEL status is met with more frequent meeting rhythms). Without this dynamic approach, meetings will either be too frequent and attendees will start to see less value in them, or meetings will not be frequent enough meaning that decision making is not responsive, dependent on the operational pressures faced as the time.

Group interactions: Governance structures should ensure meetings directly feed into each other, with clear points of escalation from each meeting. Without clear meeting hierarchies, insights and decisions from certain forums will not be communicated effectively to or enacted at the more senior forums.

Membership and decision making: Stated membership should be clear and align with who attends in reality, with deputies of members attending in their place only in exceptional cases. If deputies or others with less authority attend the meeting too frequently, those present at the meetings won't have the authority to make and enact decisions in the moment, resulting in delays.

Meeting content: Meetings should use clear data with actions and accountability. Without clear data the group does not have high quality insights and cannot make data-driven decisions, and actions without ownership will limit their effectiveness due to lack of accountability.

Effective governance enables better escalation and de-escalation processes:

Escalation: It is important to understand when escalation is needed operationally, anticipating the possible impetus for doing so whilst not taking extremes of action too early. The combination of the data inputs approach we've outlined, with decision making underpinned by improved governance arrangements, enables escalation to take place more effectively.

De-escalation: When an organisation or system has operated continuously at a certain higher level, it can become more difficult to effectively de-escalate to a lower level and maintain it. This is partly because ways of working and what is considered normal may have augmented following a period of sustained high operational pressure. Strong governance arrangements provide a structured approach to decision making which prevents this from happening.

Evaluating their own OPEL framework's effectiveness, we'd encourage NHS partners to consider six elements: structure, indicators, actions, escalation, governance, roles & responsibilities

When thinking about identifying improvements for OPEL frameworks, it can be helpful to ask six fundamental questions:

1. **Structure:** Does the framework cover all care settings and features required, in a way which enables vertical and horizontal alignment?
2. **Indicators:** Are indicators specific and measurable, applied consistently, and do some allow for horizon scanning?
3. **Actions:** Are actions linked to indicators, owners, prioritised, and listed in the appropriate OPEL level?
4. **Escalation:** Are there clear escalation and de-escalation processes, and a scoring matrix to objectively identify when (de-)escalation is required?
5. **Governance:** Are there meetings which support OPEL management operationally and tactically, and do they function effectively?
6. **Roles and responsibilities:** Are system, organisational and individual roles and responsibilities clearly defined?

We worked with an ICS to redesign a place-based OPEL framework

Their Managing Director told us “I think you’ve done a great piece of work in a short period of time, so [I] really appreciate all your efforts”, whilst the Director of Urgent and Emergency Care said “To be honest it always makes everyone feel a bit nervous when consultants come in ... but I have to say you've completely nailed this”

Are you interested to learn more about our operational effectiveness work? [Contact Tessa Walton](#), for a virtual coffee or an in-person conversation.